

Members:

Rep. Susan Crosby, Chairperson  
Rep. Gloria Goeglein  
Sen. Steven Johnson  
Sen. Cleo Washington



Lay Members

Candace Backer  
Robert Bonner  
Dr. David Giles  
John Huber  
Galen Goode  
Gloria Kardee  
Jerri Lerch  
Amelia Cook Lurvey  
Janet Marich  
Judge Stephen Spindler  
Judith Tilton

LSA Staff:

Steven Wenning, Attorney for the Commission  
Ron Sobecki, Fiscal Analyst for the Commission

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## **INDIANA COMMISSION ON MENTAL HEALTH**

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Indianapolis, Indiana 46204-2789  
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### **MEETING MINUTES**

**Meeting Date:** September 25, 1998  
**Meeting Time:** 10:00 A.M.  
**Meeting Place:** State House, 200 W. Washington St.,  
Room 233  
**Meeting City:** Indianapolis, Indiana  
**Meeting Number:** 7

**Members Present:** Rep. Susan Crosby, Chairperson; Rep. Gloria Goeglein; Sen. Steven Johnson; Sen. Cleo Washington; Robert Bonner; John Huber; Galen Goode; Gloria Kardee; Amelia Cook Lurvey; Janet Marich; Judge Stephen Spindler; Judith Tilton.

**Members Absent:** Jerri Lerch; Candace Backer; Dr. David Giles.

Representative Susan Crosby (Chairman) called the meeting of the Indiana Commission on Mental Health (Commission) to order at 10:10 a.m.

#### **Janet Ferry**

Quality Review Coordinator, Office of Client Services

Ms. Ferry stated that the state mental health hospitals were recently reviewed by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). The review examined several different areas, including active treatment, staffing, and pharmacy procedures. JCAHO determined several areas needed additional staffing. The state mental health hospitals are currently operating at a 97% capacity. Many delays in placing individuals in a state mental health institution are the result of the wrong type of

bed being available (e.g. a juvenile female may need to be placed but the only bed available at the time may be for an adult male). Referral materials have been updated and the assessment process has been improved to speed up the admission process.

Ms. Ferry stated the following while answering Commission questions:

- The Division of Mental Health is seeing more individuals in the state mental health hospitals who are classified as "incompetent to stand trial".
- The Division of Mental Health is communicating with other state mental health agencies to determine how they are addressing problems concerning staffing and waiting lists.
- Currently, 127 individuals are on a waiting list to enter a state mental health institution.

**Janet McIntyre**

Project Coordinator, DAWN Project

Ms. McIntyre distributed information concerning the DAWN project.<sup>1</sup> The DAWN project is a pilot program in Marion County that collaborates the efforts of the Division of Mental Health, the Division of Family and Children, the Department of Education's Division of Special Education, the Marion County Office of Family and Children, the Juvenile Division of the Marion County Superior Court, and the Mental Health Association in Marion County. The DAWN project is responsible for developing a family based community system that is flexible and provides the services that the family needs. The DAWN project serves families and their children whose emotional impairment puts them at immediate risk of long-term inpatient psychiatric hospitalization or residential care, and families whose children are currently in residential treatment. The project began serving its first ten children on May 1, 1997. On average about ten additional children have been included in the DAWN project every month. Once a child is accepted in the DAWN project a team is assembled to develop a personalized plan. The family is always included on the team - often the child is on the team as well. Each child's plan is reviewed and updated monthly. Services are paid from blended funds from the participating agencies. The program has successfully kept children in school and reduced criminal problems.

Ms. McIntyre stated the following while answering Commission questions:

- The DAWN project monitors the outcomes of participants - the project is also being studied by outside evaluators.
- Other communities can replicate the philosophy used by the DAWN project but the specifics must be tailored to each community.

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<sup>1</sup> This document is on file in the Legislative Information Center, Room 230, Statehouse, Indianapolis, Indiana. The telephone number of the Legislative Information Center is (317) 232-9856, and the mailing address is 200 W. Washington St., Suite 301, Indianapolis, Indiana 46204-2789.

**Katie Humphreys**

Indiana Children's Health Insurance Program

Ms. Humphreys distributed materials concerning the Children's Health Insurance Program (CHIP program).<sup>2</sup> The CHIP program was designed to get children into organized health care systems. The federal government has given the states flexibility on how to implement the CHIP program. Last year the General Assembly decided to expand the Hoosier Healthwise program to include the CHIP program. One goal has been to reduce enrollment barriers. This is being accomplished by increasing the number of places a person can enroll and creating a two page form that will allow mail-in enrollment. Several committees have been formed to help with the implementation of the CHIP program. Future CHIP program recommendations will be sent to the Governor in November and then on to the General Assembly.

**Jim Jones**

Executive Director, Indiana Council of Community Mental Health Centers

Mr. Jones disseminated copies of his remarks and the summary of a study conducted to identify unmet housing needs for mentally ill patients who are eligible for the Hoosier Assurance Plan.<sup>3</sup> Mr. Jones addressed the following three topics:

- The CHIP program should continue services for seriously emotionally disturbed children. The cost of the mental health benefit in the CHIP program is .5% of the total program. This amount was calculated by an Anthem actuary assigned to the CHIP Benefit Subcommittee.
- According to the Mercer Actuarial Study conducted for the Division of Mental Health, chronic substance abusers were the most under-served population in the state. There were a projected 104,148 citizens in need of and eligible for the Hoosier Assurance Plan Managed Care Program, but funds were available for only 16,055 individuals. The majority of the money that is available for substance abuse treatment comes from the federal government. Indiana has spent very little on this population. Mr. Jones recommended that an additional \$6 million per year be appropriated for Substance Abuse Service funding. This increase would fund about 2,200 new enrollments in the Hoosier Assurance Plan Managed Care Program for substance abuse. This increase would serve about 2.5% of the identified unmet need. The federal government is discussing reducing the amount of funds Indiana receives under the federal block grant. Therefore, an increase in state funding may be needed to maintain the existing level of services for substance abuse.
- Of the estimated 78,501 seriously and persistently mentally ill adults in Indiana, only 36,236 receive care. The housing system for these individuals is grid-locked. Mr. Jones recommended that the budget for this population be increased by \$18 million for the biennium. This amount would be less costly

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<sup>2</sup> These documents are on file at the Legislative Information Center (see footnote #1).

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than reopening Central State Hospital.

**Helen Agnew**

Family Member, Kokomo, Indiana

Ms. Agnew described her experiences with her 32 year old son. He was diagnosed with a major mental illness 12 years ago. There is no case manager for her son and she and her husband are elderly. They are worried about what will happen to their when they are gone. A problem is that there are not enough caseworkers in the Kokomo area.

**Gilbert Winkle**

Family Member, Kokomo, Indiana

Mr. Gilbert remarked the he and his wife are 74 years old. Their son was diagnosed with schizophrenia 20 years ago and has been in three different state mental health hospitals. After being placed on a new medication, their son was able to move into a supervised group living setting. Though his medical needs are taken care of, their son gets no activity outside of his living unit because of the shortage of caseworkers in the area.

**Chris O'Hara**

Director, Day Shelter, Lafayette, Indiana

Ms. O'Hara has served as the Day Shelter director for 34 years. Every day she sees people with mental illness that are not getting treatment. She has had to go to court on behalf of some individuals to secure mental health treatment for them. More group homes are needed for the mentally ill who are homeless, in shelters, and released from prisons.

**Dee Weeks**

Vice President, Indiana National Alliance for the Mentally Ill

Ms. Weeks submitted a letter and other materials to the Commission asking for changes in the Department of Correction's treatment of the mentally ill and an amendment to Indiana's involuntary commitment law.<sup>4</sup>

Representative Crosby turned the Chairmanship of the Committee over to Senator Steve Johnson for the remainder of the meeting. Senator Johnson facilitated discussion by Commission members of legislative proposals for the next meeting.

Senator Johnson adjourned the Commission meeting at 2:25 p.m.

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<sup>4</sup> This document is on file at the Legislative Information Center (see footnote #1).